



Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004 <small>Effective 10/01/2003, Patent fees are subject to annual revision.</small>		Completion if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	08/937756
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	September 25, 1997
55.00		First Named Inventor	David C. Rueger
		Examiner Name	S. Turner
		Art Unit	1647
		Attorney Docket No.	JJJ-P06-504

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other		
<input checked="" type="checkbox"/> Deposit Account:			
Deposit Account Number	18-1945		
Deposit Account Name	Ropes & Gray LLP		
The Director is authorized to: (check all that apply)			
<input checked="" type="checkbox"/> Charge fee(s) indicated below			
<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			

FEE CALCULATION	
1. BASIC FILING FEE	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1001 770 2001 385 Utility filing fee	
1002 340 2002 170 Design filing fee	
1003 530 2003 265 Plant filing fee	
1004 770 2004 385 Reissue filing fee	
1005 160 2005 80 Provisional filing fee	
SUBTOTAL (1) (\$) 0.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	
Total Claims	-20** =
Independent Claims	-3** =
Multiple Dependent	
Large Entity	Small Entity
Fee Code	Fee Code
Fee (\$)	Fee (\$)
Fee Description	Fee Paid
1202 18 2202 9 Claims in excess of 20	
1201 86 2201 43 Independent claims in excess of 3	
1203 290 2203 145 Multiple dependent claim, if not paid	
1204 86 2204 43 ** Reissue independent claims over original patent	
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$) 0.00	
**or number previously paid, if greater; For Reissues, see above	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Erika Takeuchi	Registration No. (Attorney/Agent)	P55,661
Signature		Telephone	(212) 497-3625
		Date	January 22, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 986434730 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.	
Dated: January 22, 2004	Signature: (Linda Blake)

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